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Applicant(s): John F. Stone

Docket No.: 36435.0100

Serial No.: 09/498,135

Filed: February 4, 2000

Title:

CHROMOSOME-BASED METHOD FOR
FACILITATING DISEASE DIAGNOSIS

Examiner: Enewold Goldberg, J.
Group Art Unit: 1655

Date: March 14, 2001

I hereby certify that the enclosed Response and Amendment is being transmitted via facsimile pursuant to 37 C.F.R. §1.8 and 37 C.F.R.1.6(d), to the attention of Attn: Examiner Jeanine A. Enewold Goldberg at Facsimile No. (703) 305-3014.

By Allie Brown
Signature of person transmitting via facsimile

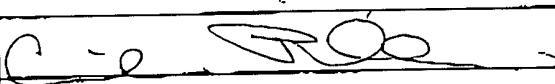
Please type a plus sign (+) inside this box →

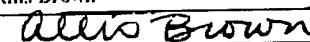
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TRANSMITTAL FORM <small>(to be used for all correspondence after initial filing)</small>		Application Number	09/498.135
		Filing Date	2/4/2000
		First Named Inventor	STONE
		Group Art Unit	1655
		Examiner Name	Enewold Goldberg, J.L.
Total Number of Pages in This Submission	8	Attorney Docket Number	36435.0100

ENCLOSURES (check all that apply)			
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Response <input checked="" type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD. Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below): <div style="border: 1px solid black; height: 40px; margin-top: 10px;"></div>	
Remarks:			

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Cynthia A. Pillote, Esq., Reg. No. 42,999 Snell & Wilmer, L.L.P.
Signature	
Date	3/14/2001

CERTIFICATE OF MAILING	
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, Washington, D.C. 20231 on this date: <input style="width: 100px;" type="text" value="3/14/2001"/>	
Typed or printed name	Allis Brown
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TO:

Name	Fax Number	Phone Number
Jeanine A. Enewold Goldberg, Examining Attorney Art Unit 1655 U.S. Patent and Trademark Office	703-305-3014	703-306-5817

FROM: Cynthia L. Pillote

PHONE: 602-382-6296

RE: Serial No. 09/498,135

MESSAGE:

Attached is Response and Amendment for your consideration. Original follows via U.S. First Class Mail delivery.
 Thank you.

ORIGINAL DOCUMENT: Will be sent NUMBER OF PAGES (Including Cover): 10
 CONFIRMATION NO.: 602-382-6642 CLIENT MATTER NO.: 36435.0100
 PLEASE RETURN TO: Allis Brown, 15S27 PERSONAL FAX: No
 REQUESTOR: Cynthia L. Pillote DIRECT LINE: 602-382-6296

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Attn: Intellectual Property Dept.
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THE ITEMS CHECKED BELOW:

Serial No.: 09/498,135

Applicant: STONE

Filing Date: 2/4/2000

Title/Mark: CHROMOSOME-BASED METHOD FOR
FACILITATING DISEASE DIAGNOSIS

- Patent Application
... Pages in Spec. _____ No of Claims _____
- Drawing Sheets: (F) (INF.)
- Check \$ _____ No.: _____
- Power of Attorney
- Extension of Time (duplicate)
- Preliminary Amendment
- Amendment
[...] Amendment after FINAL Rejection
- Issue Fee (Basic and/or Balance)
- Small Entity Certificate
- Assignment, Coversheet and Fcc
- Trademark Application
- _____
- _____
- Marked items placed in First Class Mail on
3/14/2001
- Marked items filed via Express Mail No.
... on _____

S&W Docket No.: 36435.0100 Atty: CLP/afh

PTO/SB-06 (08-00)

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PATENT APPLICATION FEE DETERMINATION RECORD					Application or Docket Number			
					09/498,135			
CLAIMS AS FILED - PART I					OTHER THAN			
(Column 1) (Column 2)					SMALL ENTITY OR OTHER THAN			
FOR		NUMBER FILED		NUMBER EXTRA		SMALL ENTITY		
Independent		17		Minus 20		*		
Total (37 CFR 1.16(e))		*		3		= 0		
Independent (37 CFR 1.16(b))		*		3		= 0		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					TOTAL		\$346	
* If the difference in column 1 is less than zero, enter "0" in column 2					TOTAL		\$0	
CLAIMS AS AMENDED - PART II					OTHER THAN			
(Column 1) (Column 2) (Column 3)					SMALL ENTITY OR OTHER THAN			
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR		PRESENT EXTRA		
Total (37 CFR 1.16(e))		*		17		Minus ** 20 = 0		
Independent (37 CFR 1.16(b))		*		3		Minus *** 3 = 0		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					TOTAL		\$0	
ADDITIONAL FEE					ADDITIONAL FEE		ADDITIONAL FEE	
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR		PRESENT EXTRA		
Total (37 CFR 1.16(e))		*		16		Minus ** 20 = 0		
Independent (37 CFR 1.16(b))		*		3		Minus *** 3 = 0		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					TOTAL		\$0	
ADDITIONAL FEE					ADDITIONAL FEE		ADDITIONAL FEE	
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR		PRESENT EXTRA		
Total (37 CFR 1.16(e))		*		16		Minus ** 20 = 0		
Independent (37 CFR 1.16(b))		*		3		Minus *** 3 = 0		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					TOTAL		\$0	

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20"

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3"

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